

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 118
SPECIAL ELIGIBILITY GROUPS

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118.500 Medical Services for Certain Non-Citizen Children
EMERGENCY

AUTHORITY: Implementing Articles III, IV, VI and Section 5-18 and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI, 5-18 and 12-13].

SOURCE: Emergency rule adopted at 12 Ill. Reg. 3037, effective January 15, 1988, for a maximum of 150 days; adopted at 12 Ill. Reg. 6301, effective March 18, 1988; amended at 12 Ill. Reg. 8068, effective April 26, 1988; amended at 13 Ill. Reg. 3950, effective March 10, 1989; amended at 14 Ill.

Reg. 10442, effective June 20, 1990; emergency amendment at 15 Ill. Reg. 8708, effective June 1, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 11607, effective July 15, 1992; emergency amendment at 17 Ill. Reg. 11217, effective July 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19956, effective November 12, 1993; amended at 19 Ill. Reg. 7959, effective June 5, 1995; emergency amendment at 22 Ill. Reg. 15724, effective August 12, 1998, for a maximum of 150 days; amended at 23 Ill. Reg. 562, effective December 24, 1998; emergency amendment at 30 Ill. Reg. _____, effective May 17, 2006, for a maximum of 150 days.

SUBPART A: DISABLED ADULT CHILDREN

Section 118.100 Disabled Adult Children

Individuals who meet the following criteria are eligible, without regard to income eligibility requirements, for medical assistance under the AABD program. The individual:

- a) is 18 years of age or older;
- b) received Supplemental Security Income (SSI) and/or State Supplemental Payments (SSP) due to disability or blindness. Receipt of SSP from another State will serve to meet this subsection;
- c) became blind or disabled before he or she reached age 22; and
- d) lost Supplemental Security Income and/or State Supplemental Payments on or after July 1, 1987 as a result of entitlement to or increase in the Title II benefits under 42 U.S.C. 402(d)(child insurance).

**SUBPART B: PERSONS WITH ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)
OR AIDS RELATED COMPLEXES (ARC)**

Section 118.150 Continuation of Health Insurance Coverage

- a) The continuation of health insurance coverage program is a pilot program to assist persons with AIDS or disability as a result of having the human immunodeficiency virus (HIV) who are eligible for insurance coverage under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985. The program will cover a maximum of about 100 persons, subject to available funds. Under the program, the Department will pay a maximum monthly health insurance premium of \$300 for eligible persons for individual or family (spouse and dependent children) health insurance coverage.
- b) Eligibility. Persons eligible for coverage under this program must meet each of the following requirements:
 - 1) Be diagnosed with AIDS or be disabled due to HIV;
 - 2) Be a resident of Illinois;
 - 3) Be unable to continue employment and be eligible for continuation of insurance coverage under the provisions of COBRA;
 - 4) Be covered by an individual or family health insurance plan which includes coverage of prescribed drugs;
 - 5) Have assets of not more than \$10,000; and
 - 6) Have income of not more than 200% of the federal poverty level.
- c) Application. Persons who wish to be covered shall apply to the Illinois Department of Public Health on forms provided by that agency. The application shall include the following information:
 - 1) Information necessary to identify the person, the former employer, the insurer, and the type of health insurance coverage provided;
 - 2) Income and asset information necessary to determine the income and asset eligibility of the person;
 - 3) Information necessary to verify Illinois residency;
 - 4) Verification of a diagnosis of AIDS from a licensed physician or a determination of disability from the Social Security Administration with verification of testing positive for HIV; and
 - 5) Any other information which may be required to determine eligibility or the length of coverage, such as a determination of disability from the Social Security Administration.
- d) The Department will make the insurance premium payments for eligible individuals directly to the health insurer or former employer. Coverage will continue for the period for which the person is eligible for COBRA coverage, subject to available funds.

(Source: Added at 17 Ill. Reg. 19956, effective November 12, 1993)

Section 118.200 Drugs to Prolong the Lives of Persons With Acquired Immunodeficiency Syndrome (AIDS) or AIDS Related Complexes (ARC)

The Department's program for funding for drugs to prolong the lives of persons with Acquired Immunodeficiency Syndrome (AIDS) or AIDS Related Complexes (ARC) has been replaced by a program operated by the Department of Public Health (see 77 Ill. Adm. Code 692).

(Source: Amended at 16 Ill. Reg. 11607, effective July 15, 1992)

SUBPART C: WIDOWS AND WIDOWERS

Section 118.300 Widows and Widowers

Individuals who meet the following criteria are eligible, without regard to income eligibility requirements, for medical assistance under the Aid to the Aged, Blind or Disabled (AABD) Program.

- a) Disabled widows and widowers who:
 - 1) were entitled to benefits under Title II of the Social Security Act (SSA) for December 1983;
 - 2) were entitled to and received SSA disabled widow's/widower's benefits for January 1984;
 - 3) are ineligible for Supplemental Security Income (SSI) and/or State Supplemental Payment (SSP) due to the increase in widow's or widower's benefits;
 - 4) have been continuously entitled to widow's or widower's benefits since the first month of the benefit increase; and
 - 5) would be eligible for SSI and/or SSP if the amount of the increase and any subsequent cost of living adjustments in widow's or widower's benefits were disregarded.
- b) Widows and Widowers receiving early benefits who:
 - 1) are eligible for and receiving early widow's or widower's benefits under Title II of the Social Security Act;
 - 2) are not entitled to Medicare Part A (hospital insurance) as determined by the Social Security Administration; and
 - 3) received SSI but is now ineligible for SSI benefits or SSP because of receipt of Title II benefits.

(Source: Amended at 19 Ill. Reg. 7959, effective June 5, 1995)

SUBPART D: MISCELLANEOUS PROGRAM PROVISIONS

Section 118.400 Incorporation by Reference

Any rules or regulations of an agency of the United States or of a nationally recognized organization or association that are incorporated by reference in this Part are incorporated as of the date specified, and do not include any later amendments or editions.

(Source: Section 118.400 renumbered from Section 118.300 at 14 Ill. Reg. 10442, effective June 20, 1990)

SUBPART E: CERTAIN NON-CITIZEN CHILDREN

Section 118.500 Medical Services for Certain Non-Citizen Children
EMERGENCY

- a) Certain non-citizen children under 19 years of age, may be eligible for certain medical services. Such non-citizen children include:
 - 1) Children defined at 89 Ill. Adm. Code 120.310(b) or 89 Ill. Adm. Code 125.200(e) who are excluded from receiving medical services under Article V of the Public Aid Code because of the application of 89 Ill. Adm. Code 120.310(b)(2) or health care benefits or rebates under the Children's Health Insurance Program (89 Ill. Adm. Code 125) because of the application of 89 Ill. Adm. Code 125.205(a)(4);
 - 2) Children who are permanently residing in the United States under color of law (PRUCOL); and
 - 3) Children who do not meet requirements as defined at 89 Ill. Adm. Code 120.310(b) and 89 Ill. Adm. Code 125.200(e).
- b) Such non-citizen children who would otherwise be eligible for Medical Assistance may receive coverage for those medical services available under Article V, including those services under Article V administered by other agencies. All other requirements set forth under Article V must be met.
- c) Such non-citizen children who would otherwise be eligible under 89 Ill. Adm. Code 125 may receive coverage for those medical services available under 89 Ill. Adm. Code 125. All other requirements described at 89 Ill. Adm. Code 125 must be met.
- d) The provisions of 89 Ill. Adm. Code 125, Subpart B, including the handling of appeals and the conduct of hearings pursuant to the provisions of Subpart A of the Department's administrative rules at 89 Ill. Adm. Code 104, Practice in Administrative Hearings, shall govern any appeals under this Subpart.
- e) There is no entitlement to medical services under this Subpart E and such services are available only to the extent that payments under this Subpart do not exceed the amounts appropriated for the purpose of this Subpart. The Department may cease enrollment, change standards of eligibility, or reduce services for non-citizen children if such appropriated funds are needed to provide services to children eligible under 89 Ill. Adm. Code 125 or if such action is deemed necessary to assure that payments do not exceed appropriation authority.

(Source: Amended by emergency rulemaking at 30 Ill. Reg. _____, effective May 17, 2006, for a maximum of 150 days)